

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 18-977
DEFENDANT JOSEPH N. HANNA, et. al.	TYPE OF PROCESS complaint and summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF LEHIGH
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 17 SOUTH SEVENTH STREET ALLENTOWN, PA 18101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD. BREINIGSVILLE PA 18031	Number of parties to be served in this case	16
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

SERVICE OF PROCESS TO PHILLIPS ARMSTRONG, COUNTY OF LEHIGH EXECUTIVE
 17 SOUTH SEVENTH STREET, ALLENTOWN, PA 18101

FILED

JUN 12 2018

STATE BANKMAN, Clerk
Deputy Clerk

Signature of Attorney other than Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature]</i>		415-275-1244	2/5/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>6</i>	District to Serve No. <i>6</i>	Signature of Authorized USMS Deputy or Clerk <i>M. Shulinsky</i>	Date <i>4/11/18</i>
---	---------------	------------------------------------	-----------------------------------	---	------------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date <i>5/25/18</i>	Time <i>1:40</i>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>TMU</i>		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: *BAD ADDRESS, IT DOES NOT EXIST.* ENDAVOR 5/25/2018 @ 13:40

PRINT 5 COPIES: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 18-977
DEFENDANT JOSEPH N. HANNA, et. al.	TYPE OF PROCESS complaint and summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT PHILLIPS ARMSTRONG, IN HIS INDIVIDUAL CAPACITY
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 17 SOUTH SEVENTH STREET ALLENTOWN, PA 18101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
<u>EDWARD THOMAS KENNEDY</u> 401 TILLAGE RD. BREINIGSVILLE PA 18031 <u>L</u>	Number of parties to be served in this case	16
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

SERVICE OF PROCESS TO PHILLIPS ARMSTRONG, COUNTY OF LEHIGH EXECUTIVE
 17 SOUTH SEVENTH STREET, ALLENTOWN, PA 18101

FILED

JUN 1 2018

M. GOODMAN, Clerk
Dep. Clerk

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-275-1244	2/5/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	1	66	66	<u>M. Shulinsky</u>	4/11/18

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
	5/25/18	1:40 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <u>USM on AR</u>	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: BAD ADDRESS, IT DOES NOT EXIST. ENDAVOR 5/25/2018 @ 13:40

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
-----------------	--	----------------------------